

L17000030167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

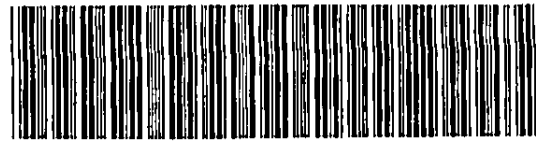
(Business Entity Name)

(Document Number)

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17 JUL 24 AM 11:49  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUL 27 2017

Y SUI KFR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SDS Strategic Distribution Corp  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ivan Ayala  
Name of Person

\_\_\_\_\_  
Firm/Company

11421 NW 15 St  
Address

Pembroke Pines FL 33026  
City/State and Zip Code

Ivanayala1237@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ivan Ayala at (934) 655-6835  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SDS Strategic Distribution Corp.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/07/17 and assigned Florida document number L17000030167

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Education and Entertainment Business LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

11421 NW 15 St.

Pembroke Pines

FL 33026

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

11421 NW 15 St.

Pembroke Pines FL

33026

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Lizzette Medina

New Registered Office Address:

11421 NW 15 St.

Enter Florida street address

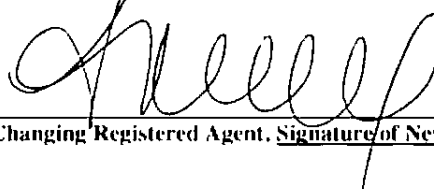
Pembroke Pines, Florida 33026

City

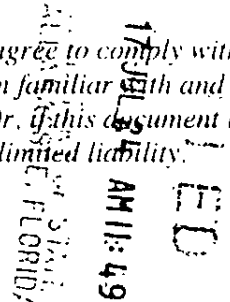
Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Lizzette Medina	11421 NW 15 St	<input checked="" type="checkbox"/> Add
		Pembroke Pines FL 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLERK OF DISTRICT COURT  
CLARK COUNTY, FLORIDA  
JUL 24 AM 11:49

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

11 ED  
17 JUL 24 AM 11:49  
FBI ST. LOUIS  
ALL MOBILE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee